LIGHT DUTY	/SICK-IN Q	UARTERS	
FROM: NAVAL HEALTH CLINIC CORPUS CHRISTI, TX 78419	TO:		
NAME (LAST) (FIRST) (MI)	DATE:	COMMAND/DEPARTMENT:	
1. IT IS REQUESTED THAT SUBJECT NA	MED MEMBER'S	DUTIES BE LIMITED AS FOLLOWS:	
DUTIES NOT INVOLVING HEAVY LIFT PROLONGED STANDING.	TING, MARCHI	NG, CALISTHENICS OR	
SICK-IN QUARTERS, NO DUTIES FOR EXTENDED TO QUARTERS, MESSING A			
OTHER LIMITATIONS (SPECIFY):			
2. THIS ASSIGNMENT IS RECOMMENDED	FROM DATE OF	ISSUE UNTIL 0730	
3. DIAGNOSIS/ICD-9 CODE:			
SIGNATURE (MEDICAL OFFICER) TIME	2	DATE	
WHITE- MEMBER'S COPY; YELLOW - DEPA INFORMATION DESK (STAFF ONLY)	RTMENT; PINK	- MEDICAL RECORD; COPY TO	
NHCCC 6330/5 (Rev 5-11)	.5		

	The state of the s			
LIGHT DUTY/SICK-IN QUARTERS				
FROM: NAVAL HEALTH CLINIC	TO:			
CORPUS CHRISTI, TX 78419				
NAME (LAST) (FIRST) (MI)	DATE:	COMMAND/DEPARTMENT:		
	No. of the last of	A STATE OF THE STA		
1. IT IS REQUESTED THAT SUBJECT NAMED MEMBER'S DUTIES BE LIMITED AS FOLLOWS:				
DUTIES NOT INVOLVING HEAVY LIFTING, MARCHING, CALISTHENICS OR				
PROLONGED STANDING.				
SICK-IN QUARTERS, NO DUTIES FOR 24 HOURS. PHYSICAL LIMITATIONS TO BE				
EXTENDED TO QUARTERS, MESSING AND MEDICAL FACILITY ONLY.				
OTHER LIMITATIONS (SPECIFY):				
OTHER EINTHIONS (SIECTLY).				
2. THIS ASSIGNMENT IS RECOMMENDED FROM DATE OF ISSUE UNTIL 0730 .				
3. DIAGNOSIS/ICD-9 CODE:				
SIGNATURE (MEDICAL OFFICER) TIME		DATE		
SIGNATURE (MEDICAL OFFICER)		DATE		
	18			
WHITE- MEMBER'S COPY; YELLOW - DEPARTMENT; PINK - MEDICAL RECORD; COPY TO				
INFORMATION DESK (STAFF ONLY)				